

Mail to: **WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
SCHOOL MANAGEMENT SERVICES TEAM
FEDERAL AIDS AND AUDIT SECTION
P.O. BOX 7841
MADISON, WI 53707-7841 Fax: (608) 267-9207**

| | | | |
|--|---|-------------------------------------|--|
| District / Agency No. 00-1234 | District / Agency Legal Name ABC Child Care Center | CFDA No. or State Statute 10.579 | Report for Period Ending 11/15/2011 |
| Grant Number 12-001234-CCWG | Program WI CACFP Child Care Wellness Grant | Project Beginning Date 10/1/2011 | Project Ending Date 10/31/2012 |
| Name of Person Preparing this Report Linda Handel | | Phone Area/No. 608-267-1283 | Email Address linda.handel@dpi.wi.gov |

SUMMARY


INSTRUCTIONS: Report project transactions by account.

| Account Code <i>Fund-Obj.-Func.-Proj.</i> | Account Name | Approved Budget | Unliquidated Encumbrances <i>Payables</i> | Total Disbursements to Date | Unencumbered Balance |
|--|--|--------------------|--|--------------------------------|----------------------|
| OMIT | Labor | 500.00 | 0.00 | 75.00 | 425.00 |
| | Administrative(Not to exceed 10% of the Grant funding) | 200.00 | 0.00 | 100.00 | 100.00 |
| | Supplies | 650.00 | 0.00 | 225.00 | 425.00 |
| | Equipment | 100.00 | 0.00 | 55.00 | 45.00 |
| | Education | 400.00 | 0.00 | 100.00 | 300.00 |
| | Training/Travel | 150.00 | 0.00 | 0.00 | 150.00 |
| | Contracted Services | - | 0.00 | 0.00 | 0.00 |
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| TOTALS | | \$ 2,000.00 | \$ - | \$ 555.00 | \$ 1,445.00 |

| Cash Summary | | | Matching Funds If Applicable <i>Documentation on file at District Office</i> | Report Type <i>Check all that apply</i> <input type="checkbox"/> Advance <input type="checkbox"/> Final Claim <input checked="" type="checkbox"/> Partial Claim <input type="checkbox"/> Revised Final | Amount Requested This Claim | DPI USE ONLY Amount Approved |
|------------------------------|-----------------------------|-------------------------------|---|--|--------------------------------|---------------------------------|
| Total Funds Received to Date | Total Disbursements to Date | Cash on Hand at End of Period | | | | |
| \$ - | \$ 555.00 | \$ (555.00) | | | \$ 555.00 | |

CERTIFICATION

BY SIGNING THIS REPORT, I CERTIFY that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

| Name of District / Agency Administrator or Designee <i>Print or type</i> | Title of District / Agency Administrator or Designee <i>Print or type</i> | Signature of District / Agency Administrator or Designee | Date Signed <i>Mo./Day/Yr.</i> |
|---|---|---|--------------------------------|
| Linda Handel | Director |  | 10/31/2011 |